

# Iowa Health FOCUS

March 2001 ■ Iowa Department of Public Health

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## IDPH staffers, Iowa doctors help Salvadoran earthquake victims

It may be the Iowa Department of Public Health, but when it comes to disasters and the public health problems that result from them, care and compassion have no borders.

In response to a request from the Comandos de Salvamento – a mostly volunteer rescue and health-care organization in El Salvador – Dr. Stephen Gleason and IDPH staffers hastily organized a health-care mission to that Central American country the last week in February. (Continued on Page 2)



Patients, some of whom were made homeless by earthquakes that killed and injured thousands, wait patiently to see Iowa and Salvadoran doctors.



### From the director

-Dr. Stephen Gleason

Dr. Gleason recently returned from a medical mission to earthquake-ravaged El Salvador. He offers his reflections. (Continued on Page 3)

### In This Edition...

Page 6  
SIDS in Iowa

Page 8  
JEL to air new ads

Page 10  
Iowa's mild flu season

More...

The response for help was typical of Iowans. Health-care and Iowa pharmacy organizations were quick to offer people and supplies. Drs. Juan Carlos Gregory and Michael Irish, pediatric specialists at Blank Children's Hospital in Des Moines, offered to join Gleason and IDPH director of external affairs, Tom Carney, on the 8-day trip.

Among those offering medicines, supplies and equipment were Blank, Iowa Health System, Mercy Health Systems, Gary Kirke, the Gleason Fund, Hammer Pharmacy, Porter Hardware, Hy-Vee, Dahl's Foods, Home Depot,

McKesson General Medical Corp. and Medicap Pharmacies. The Iowa Pharmacy Association helped organize much of the aid.



Dr. Juan Carlos Gregory, second from left, Dr. Stephen Gleason and Dr. Michael Irish, pose with members of the Comandos de Salvamento, with whom the Iowa doctors worked to help earthquake victims in El Salvador. Photos by Tom Carney, who served the Iowa group as translator.

Dr. Gleason and other members of the team in El Salvador were proud of the generosity of their fellow Iowans, seeing the good it did for people desperately needing help.

"It was hard to see these hundreds of people, including kids, trying to manage lingering health problems, hunger and homelessness," said Gleason, "but it was easier knowing that, backed by such generous people in Iowa, we could help alleviate their suffering."

The Iowa doctors and Carney stayed in a guest house in San Salvador at night and went out each day to stricken mountain communities in the company of two Salvadoran doctors and Commando staffers. In six days in the field, the group treated well over 2,000 patients.

Dr. Gleason's time in El Salvador was unexpectedly cut short, however. After treating dozens of people on a hot, dusty, mangrove-swamp island the morning of Feb. 24, he experienced heat exhaustion and a mild heart attack. He spent the night in a hospital in San Salvador and was flown home in a special jet ambulance the next morning. Luckily, he had insurance for such an emergency.

El Salvador is one of the most earthquake-prone countries in the world, but was shocked by two huge quakes that occurred a month apart. A quake measuring 7.69 on the Richter scale struck on Jan. 13. Another measuring 6.6 rocked the country on Feb. 13. The two major shockers left thousands of people dead and wounded, and tens or hundreds of thousands homeless and jobless. Daily aftershocks have left the populace terrorized.

"We're looking for ways to extend our aid to the Comandos," said Gleason, "and make it a continuing thing. One of their most immediate needs is for ambulances, but we also hope to send more people, medicines and supplies."

## Faces of Babies, All in the Dark

*From the director  
(Cont. From Page 1)*

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**T**hey must have heard the clattering and rattling of cars and the chattering of pale gringos on a dusty thoroughfare swept by earthquakes, where narrow paths cautiously pretend to be roads and chunks of road could be found 2,000 feet below.

The people in rural El Salvador were excited (or relieved, depending on their age) that American and Salvadoran doctors were on their way – the lifesaving army, Comandos de Salvamento.

Many of them had no homes, no food, no medicines, and no clean water. Some parents had lost their children, and some children had lost their parents. They came in long lines – older women and young children first.

Most impressive were the young Salvadoran children – really all impoverished children – whose faces are obscured by the American dream machine. The cerebral noise of flashing lights in TV ads, for Coke, Corvettes, sex and rap, sometimes keep those faces in the dark. Faces shrouded in the distance by our uniquely American frenetic grab for pleasure and wealth. Actions that could have been are moored by dispassion and fear. A contorted facial visage was now suddenly before me and came into resolute focus. I was horrified that these children had been there all along, hidden in the dark of ignorance.

Three year-old Carmelita, limp, staring through us, gasping, brought her tears to me. She handed them carefully, dripping from chin to palm and I was

The real secret in the faces of babies hidden in the dark is the true joy that comes with bringing them light. It's a joy that requires no other reward.

overwhelmed at her torment. But her pain was a gift to me that awakened a spirit most have, but few use. I fell in love.

In our search for the great life, we plow ahead by staying distant from real suffering. It is hard to recognize the reckless immorality on American TV if one cannot see the tears up close. Denial has resulted in endemic apathy – a pretense of specialness that allows the privileged to avoid the face of terror.

Don't speak to me of money alone. Paper does not comfort. As missiles sent from abroad allow the sender to avoid the sickening reality of evisceration and dismemberment, failure to risk the touch of typhoid and leprosy, leaves healing to chance. Failing to see and embrace allows the do-gooder a safe psychological exit. Touching the Salvadoran children changes everything – even the way we perceive our own native land.

It is as if these little faces, hidden in the back corner of our very own closets, were suddenly illuminated such that we should be embarrassed and ashamed to have had them overhear our senseless mutterings, while they lay dying.

The real secret in the faces of babies hidden in the dark is the true joy that comes with bringing them light. It's a joy that requires no other reward.

For me, these little faces of babies are no longer in the dark. Having seen, I must touch, and heal if I can. It is not a sacrifice for me, for the children have given me grace, growing love, and faith. It is such a glorious feeling. My only suffering is that it is hard for people to see what I see, the faces of babies, all in the dark, now giggling with delight in the sun.

## Get FITNET!

FITNET, IDPH's longest-running and most popular 5+5 program (a nutrition and physical activity model), is received every working day by nearly 125,000 people worldwide. If you haven't discovered FITNET, e-mail [tlane@idph.state.ia.us](mailto:tlane@idph.state.ia.us) to start receiving it tomorrow! And check out our New Century Challenge by visiting <http://www.idph.state.ia.us/challenge>.

# Sudden Infant Death Syndrome: How does Iowa measure up?

*By Stephanie Pettit, Ph.D.  
Coordinator, Iowa Child Death Review Team  
Executive Director, Iowa SIDS Alliance*

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**S**udden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an apparently healthy infant that remains unexplained after a thorough post-mortem, death scene investigation and clinical history.

Since the "Back to Sleep" campaign was instituted in the early 1990's, the United States has experienced a dramatic decrease in the number of infants dying from SIDS. Iowa is also seeing fewer SIDS deaths than in past years. However, the number of SIDS deaths in Iowa increased by 50 percent from 1998 to 1999.

A recently published article from the American Academy of Pediatrics (AAP) has raised doubts whether the 48 reported cases for 1999 were indeed due to SIDS. This article details guidelines for investigation of all unexpected infant deaths. These recommendations include:

- accurate history by the emergency personnel and medical responders at the time of death;
- prompt death-scene investigation, including interviews of family members and those at the scene;
- examination of the infant at the hospital by a maltreatment specialist;
- autopsy following an established protocol within 24 hours of death and including skeletal x-rays, toxicologic and metabolic screening;
- examination of medical history;
- consideration of intentional asphyxiation under certain circumstances;
- case review by local infant death review teams with participation of a medical examiner.

The Iowa Child Death Review Team (CDRT) was established by law in 1995. The CDRT reviews every case of child death, from birth through 17 years of age, occurring in Iowa or to an Iowa child dying out-of-state. The team is composed of 20 experts, such as a pediatrician experienced in child abuse, law enforcement personnel, the state medical examiner and a pathologist experienced in pediatric forensics. These experts review all information (medical reports, autopsy reports, toxicology studies, scene investigation, etc.) to accurately determine the cause of death and discuss possible ways to prevent similar deaths.

The CDRT and the state medical examiner's office say Iowa is already adhering to the AAP guidelines. Infant autopsies are performed according to a specific protocol. We have a standardized death-scene investigation form for use by medical examiners and law enforcement statewide. Skeletal x-rays and toxicology studies are done at autopsy. The state medical examiner and her deputies are well-versed and educated in child-abuse recognition. Parents and other care providers are interviewed as part of

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the investigation. The state's CDRT independently evaluates all information and determines what they believe caused the child's death.

Therefore, with so many safeguards in place, it is doubtful that a case of child abuse is mistaken for SIDS in our state. Not every state has such a system. While the AAP guidelines were published with noble intent and a sound logical basis, suspicion of SIDS parents must be avoided. Their grief is overwhelming, and inappropriate accusations are cruel.

In Iowa, the risk of SIDS is increasing due to bed-sharing, improper positioning and smoking during pregnancy and around newborns. The CDRT believes the rising number of SIDS deaths is likely due to these infant hazards, not inaccurate assigning of cause of death.

Remember, to decrease the chances of SIDS, always place the infant on his/her back for sleep at nap time and at night. Do not smoke during pregnancy, and keep the child in a smoke-free environment after birth. Never use soft bedding (pillows, quilts, bumper pads), and always put the baby in a safety-approved crib for sleep. Lastly, keep the baby's room under 70 degrees. No one can tell which babies will die of SIDS, but we can all work to reduce the risks.

# JEL to air new ads in Iowa

By Kara Berg  
FOCUS Editor

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**N**ew TV and radio advertisements introducing the Iowa Department of Public Health Division of Tobacco Use Prevention and Control group JEL (Just Eliminate Lies) will begin airing the week of March 12. JEL is a group of around 1,000 teens from across the state who are banding together to expose the lies of "big tobacco" and to keep their age group from being targeted by tobacco companies.

Twenty-three of the JEL kids will appear in the TV spots delivering the grim statistics of the effects smoking can have on their peers. The ads will be hard-hitting and fast-paced. They will air on all the major networks as well as FOX, MTV, USA, and TNT.

"The ads are to bring about awareness of who and what JEL is, says the division's Tammi Blackstone, "and to encourage kids as well as parents to be a part of the JEL movement.



Megan Wettach, a JEL member from Mt. Pleasant, goes over her lines with George Christ of Applied Arts before a commercial shoot.

"Some people may doubt that advertising is effective," she says. "However, the tobacco industry wouldn't spend \$55 million per year in Iowa and \$15 million per day nationally if it wasn't. You may not think advertising affects you, but it does. It's not a coincidence that the three most advertised brands of cigarettes are also the most popular."

Advertising agency Zimmerman, Laurent, and Richardson (ZLR), who along with Applied Arts are producing the ads, are setting up focus groups to test ideas for next year. The groups are selected randomly from schools and include 7th-10th graders in urban, suburban and rural areas of the state. For this year, however, the department of public health will use mostly existing ads that other states and the American Legacy Foundation have produced.

## Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health Web site at: [www.idph.state.ia.us](http://www.idph.state.ia.us).

# Iowa's Flu season relatively mild

By Kim Brunette  
IDPH Epidemiologist

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**T**he 2000 – 2001 influenza season in Iowa appears to be winding down, with the peak occurring around the last week of January. Iowa has only seen 2 strains of influenza, A (H1N1) and B. The number of confirmed cases of influenza B has increased in Iowa in the past few weeks, consistent with the nation, which has seen the percentage of flu cases caused by type B increase from 37 percent to 52 percent in the past several weeks.

Iowa had a relatively mild influenza season, according to Iowa's influenza surveillance program, with the percentage of patient visits to sentinel physician sites for influenza-like illness (temperature  $\geq 100^{\circ}\text{F}$  AND cough and/or sore throat) never getting above two percent. Rates of

absenteeism in excess of 10 percent were reported by 32 counties. There were no reports of outbreaks of influenza from any long-term care centers.

Nationally, the 2000 – 2001 influenza season has turned out to be one of the lightest in recent memory, according to Keiji Fukuda, chief of influenza epidemiology at the Centers for Disease Control and Prevention. For the current season, the overall national percentage of respiratory specimens positive for influenza appears to have peaked at 24 percent at the end of January.

During the past three seasons, the peak percentages of respiratory specimens positive for influenza viruses have ranged from 28 percent to 33 percent. For this season, the percentage of patient visits to sentinel physicians for influenza-like illness appears to have peaked at 4 percent in mid to late January. During the past three seasons, the peak percentages for such visits ranged between five percent and six percent.

## Conference planning gains momentum

*Louise Lex, Ph.D.  
Healthy Iowans 2010 Coordinator*

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**P**lanning for one of the most important public health events in 2001 – The Governor’s Conference on Public Health: Barn Raising III – is gaining momentum. A draft agenda with confirmed speakers is on the department’s web site ([www.idph.state.ia.us](http://www.idph.state.ia.us); double click on conferences). The conference brochure, including registration information, will be distributed in April. It will also be available on the department web site.

The conference will be held at Drake University, June 14 and 15th. Leading national and local public health experts will address a number of critical public health issues. The conference will offer best practices information, share latest research, and offer practical tools to effectively address health issues. A number of breakout sessions with leading health experts will have limited enrollments, so early registration is encouraged.

Presenters will discuss such major health problems as cancer, asthma, diabetes, mental health, disability, cardiovascular disease, and substance abuse and what interventions are most effective and feasible in reducing their impact. Water and air, two environmental health concerns, will have a place on the agenda.

Another agenda item of prime concern to families in Iowa as well as across the country is effective community responses to domestic violence and children. Because diet and physical activity have a major impact on the burden of disease, conference participants will examine tested strategies for changing health behaviors. Preliminary research on the uninsured and underinsured in Iowa is slated for release at the meeting. Besides providing a broad array of topics, practical, skill-building sessions will give participants tools to apply what they have learned.

At the first barn raising conference in 1997, participants made recommendations on how the public health system could be improved. These recommendations led to the development of the Iowa Health Indicator Tracking System (IHITS) and more attention to county data, data training, and a standardized method for reporting county needs assessments and health improvement plans, now on the department web site. At the second barn raising conference in 1999, participants were trained to use IHITS and the reporting system. When they returned to their communities, they began implementing ideas for new and expanded programs. The 2001 conference promises to take public health to an even higher level – hence, the theme, “Fast Tracking Public Health.”

For the most current conference information, check the department web site.

**Correction** - The IDPH regrets an error that was made in the Feb. Edition of FOCUS. In the "From the Director" article entitled "Governor, Lt. Governor, IDPH to host big public health conference" funding for the event was attributed to "Wellmark Blue Cross and Blue Shield." It was not the insurance company but the Wellmark Foundation that provided grant funding and planning staff for the conference.

## Legislative Update

To learn more about legislation affecting public health issues check out IDPH's Legislative Update on our web site, [www.idph.state.ia.us](http://www.idph.state.ia.us) or at [www.idph.state.ia.us/legis/list.htm](http://www.idph.state.ia.us/legis/list.htm)

## Epidemiology notes



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*From the Center for Acute Disease Epidemiology, Iowa Department of Public Health*

### ■ □ **Antibiotic Resistance Messages**

**Hit TV:** Over the last several weeks, the Iowa Antibiotic Resistance Task Force distributed two press releases. The first reported on the increase in some antibiotic-resistant bacteria; the second, issued amidst much publicity on meningitis, served as a reminder to use antibiotics judiciously so they will be more likely to be effective when they're needed to treat more serious infections (like meningitis).

- □ **Meningitis:** Meningitis has received much media coverage in the last several weeks. So far this year, seven cases of meningococcal meningitis have been reported, with two deaths. All cases except two are isolated. It is not unusual to see more cases of meningococcal meningitis during this time of year, as colds and flu may increase one's susceptibility to this disease. A third death due to meningitis was also reported, but this was not due to the meningococcal bacterium, but to Group A Strep.

### ■ □ **Outbreaks at long-term care**

**centers:** Over the last several weeks we have received reports of one outbreak of gastrointestinal illness and one outbreak of respiratory illness at two separate long-term care centers. Investigations will determine etiologies. If you become aware of such outbreaks at long-term care centers, please let us know ASAP. We can provide assistance in controlling the outbreak and determining a cause.

### ■ □ **Foot and Mouth Disease**

**Outbreak in Britain:** The foot and mouth livestock disease is devastating, and characterized by vesicular lesions and subsequently erosions of the epithelium of the mouth, nares, muzzle, feet, teats, udder and rumen pillars. While it does not always have a high mortality rate it definitely sets animals back in terms of production. It is endemic in many countries of Asia, Africa, parts of Europe and South America. Many other countries, such as the U.S., have eradicated the disease and deal

with introductions through containment and depopulation of the affected livestock. An outbreak is occurring in the U.K. and is causing suspension of some civil liberties, e.g. cancellation of this year's St. Patrick's Day parade in Ireland, because of concerns that humans might mechanically spread the disease (i.e. via contaminated shoes).

All cloven-hoofed animals are susceptible but in only extremely rare occasions has man been infected. It is highly infectious and easily transmitted; in fact, infectious aerosols may be carried for several miles on the wind hence the drastic measures in the U.K. The relatively common human disease called "hand, foot and mouth disease" (caused by a coxsackievirus) is often confused with the livestock "foot-and-mouth" disease (caused by a different enterovirus in the picornavirus group). Hand, foot and mouth disease is a common infection in children. Outbreaks may occur in day care centers, and disease is generally benign.

- **Vaccine Supplies:** 1) **Influenza vaccine:** Park Dale will no longer be making influenza vaccine. This leaves only two U.S. manufacturers (Aventis-Pasteur and Wyeth-Lederle) and one British manufacturer (Medeva). Early ordering would probably be a good idea. Some manufacturers will begin taking orders on March 1.

## 2) **Intra-dermal rabies vaccine**

**Aventis:** Pasteur is discontinuing production of the intra-dermal rabies vaccine.

## 3) **Anticipated shortage of tetanus and tetanus-containing vaccines:**

A temporary shortage of adult tetanus and diphtheria toxoids (Td) exists in the U.S., owing to discontinuation of production of vaccine by one manufacturer (Wyeth Lederle) and a temporary decrease in inventory by the second (Aventis Pasteur).

The shortage will impact persons over 7 years of age who 1) require tetanus prophylaxis in wound management; 2) have not completed a primary series (three doses) of vaccine; or 3) have not been vaccinated in the last 10 years with Td, DTaP, or DT. Generally, Td is preferred, but if not immediately available, tetanus toxoid alone (TT) should be considered as an alternative for wound management or for those patients who are unlikely to return to the clinic if vaccine is delayed. Clinics experiencing shortages of Td or those anticipating future shortages should consider prioritizing their use of this vaccine.

- **Measles Alert:** A laboratory-confirmed case of measles has been identified in Minnesota. The case is an unvaccinated 13 month old adoptee from China. Secondary cases may have occurred as early as February 27, but most cases are likely to occur during the week of March 5. Anyone with a rash and the three "C"s, (cough, coryza - runny nose and conjunctivitis)

should be considered a measles case until proven otherwise (i.e., should have serologic tests done for IgG and IgM and be home quarantined until results are available).

- **Flu Update:** Chicken soup has scientific plausibility for use in the treatment of influenza, according to an article in CHEST 2000: 118; 1150-57. During this year's flu season, several medical systems are "prescribing" cold and flu kits which contain things like tissues, throat lozenges and instant chicken soup. Guess grandma knew what she was talking about! By the way, flu continues to decline overall in Iowa, but type B is increasing in percent of the total.

- **RAGBRAI route announced; opportunities for public health involvement available:** The route for RAGBRAI XXIX is out and can be found at [www.ragbrai.org](http://www.ragbrai.org). RAGBRAI will wind its way from

Sioux City to Muscatine, making overnight stops in Storm Lake, Denison, Atlantic, Perry, Grinnell, and Coralville. In the process, RAGBRAI will pass through 21 Iowa counties (see list below). Last year, CADE became involved with RAGBRAI through our surveys of both riders and spectators. This year, CADE would like to encourage local health departments in these 21 counties to participate in this great event. We would like to hear from those counties with interest and/or ideas for public health educational activities as RAGBRAI passes through your communities. Such activities may include food safety/nutrition demonstrations, physical activity promotion, hand washing demonstrations (we know that riders rarely take their gloves off, much less wash their hands!), etc, etc., the possibilities seem endless! If you have interest or ideas, please let us know.

## Events

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**"Partnering to Assure Healthy Iowans"** - This 2001 spring conference will be held April 5 & 6 in Ames at the ISU Scheman Center. This conference is a partnership among the Iowa Environmental Health Association, Iowa Public Health Association, WIC, MCH, Child Health Specialty Clinics, Senior Health, University of Iowa School of Public Health, and Des Moines University School of Public Health. Nearly 600 participants are expected to attend. For more information visit the IEHA web page at [www.IEHA.net](http://www.IEHA.net).

**"Enhancing Patient Safety and Health in Iowa"** - This statewide conference is set for April 11, 2001 in the Iowa Memorial Union on the University of Iowa campus in Iowa City.

The Institute of Medicine focused a national spotlight on patient safety with its 1999 report, *To Err is Human: Building a Safer System*. In response, the UI College of Public Health and the Iowa Department of Public Health initiated a project to examine patient safety and health in Iowa, with the goal of making the state a national leader in improving patient care.

The conference will take a critical look at issues, opportunities, and initiatives around the country and in Iowa with respect to improving patient safety and health outcomes. Health care leaders from the public and private sectors will provide an overview of lessons learned in health care and in other fields, and address how statewide efforts to make Iowa a national model can benefit from those lessons. Continuing education credit is available.

For registration information, contact the UI Center for Conferences and Institutes at 800/551-9029 or 319/335-4141 or by e-mail at [conferences@uiowa.edu](mailto:conferences@uiowa.edu). For further program information, contact Laurie Walkner, Conference Organizer, the University of Iowa College of Public Health, at 319/335-6836 or by e-mail at [laurie-walkner@uiowa.edu](mailto:laurie-walkner@uiowa.edu).

## Changes at IDPH

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**Welcome. Bruce Brown** is a program planner 2, the fiscal person for the WIC Program and the Food Stamp Nutrition Education Program. He comes from Iowa Workforce Development. He has been determining eligibility for unemployment insurance programs and has managed restaurants. He has a BS degree from Iowa State.

**Marilyn Jones** is a secretary I for the Bureau of Nutrition and WIC. Previously Marilyn taught third grade at Mount Olive Lutheran School for 14 years. Marilyn has a BS from Concordia College.

**Bruce Hokel** has joined the Bureau of Lead Poisoning Prevention as an Environmental Specialist. He has a Bachelor's Degree in science from Iowa State University and worked for the Iowa Department of Public Health from 1983 to 1992 as an environmental specialist and an environmental specialist senior in the Radiological Health program. He has been with the Ames Laboratory at Iowa State University since 1992.

**Lonnie Cleland** is a Program Planner II for the Substance Abuse Reporting System. He has been a social worker and has had a variety of software responsibilities.

**Mary Crawford** has returned to the department as the Program Planner II for the Prevention and Gambling Reporting System. Most recently she was employed at Emergency Management and prior to that was in the Division of Tobacco Prevention and Control.

**Focus Editor: Kara Berg**

**What would you like to see in *Iowa Health Focus*? Send your suggestions for future articles, letters to the editor, and upcoming events or add names to the mailing list by e-mailing us at [kberg@idph.state.ia.us](mailto:kberg@idph.state.ia.us)**